



City of San Buenaventura

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

FILE WITH: City Clerk's Office, P.O. Box 99, Ventura, CA 93002-0099

Instructions

1. Claims for death, injury to person, or damage to personal property or growing crops must be filed no later than six months after the occurrence. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property must be filed no later than one year after the occurrence. (Gov. Code Sec. 911.2.)
3. Read entire claim form before filing.
4. See page 3 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 3 at bottom.
6. Attach separate sheets, if necessary, to give full detail. SIGN EACH SHEET.

Risk Management

FEB 05 2013

City of Ventura

RESERVE FOR FILING STAMP

CLAIM NO. 3481

To: **City of San Buenaventura**

Name of Claimant <u>Jane L. Doe *</u>	Claimant Social Security No.	Date of Birth
Home Address of Claimant	City, State & Zip	Home Telephone Number

Is the claim filed on behalf of a minor? ☒ Yes ☐ No

Jane K. Doe *

If yes, please state relationship to the minor mother

Minor's Date of Birth

When did DAMAGE or INJURY occur?

06/11/11 - 10/16/11

Date

Time

Names of any City employee(s) involved in DAMAGE or INJURY.

Officer Ricky Payne; Docs 1-50

When did the incident or event that caused the damage or injury occur, if different from date of damage or injury?

Date:

When did you discover the damage or injury, if the discovery date is different from the actual date of damage or injury?

Date:

12/2012

If this claim is for equitable indemnity, give date claimant was served with the complaint.

Date:

Where did damage or injury occur? If applicable, include street address, city/county, and direction of travel if car accident.

Ventura City; Ventura County;

Describe the specific damage or injury incurred as a result of the incident.

Severe emotional distress

Explain the circumstances that led to the alleged damage or injury. State all facts that support your claim against the City and why you believe the City is responsible for the damage or injury. If known, provide the name(s) of the City employee(s) who allegedly caused the damage or injury.

Defendant officer sexually assaulted minor claimant repeatedly from June of 2011 to October, 2011. The sexual assaults consisted of but were not limited to, sexual intercourse and oral copulation. The City of Ventura and Ventura Police Department knew or should have known of Defendant officer's acts.

THIS CLAIM MUST BE SIGNED ON PAGE 3

RISK 103 PAGE 1 OF 3 REV. 1-10

* Identities of Doe Plaintiffs shall be supplied to no one other than upon implementation of a protective order

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (~~exact~~) estimated Estimated prospective damages as far as known:

Damage to property	\$ _____	Future expenses for medical and hospital care.....	\$ <u>50,000.00</u>
Expenses for medical and hospital care ...	\$ <u>20,000.00</u>	Future loss of earnings.....	\$ <u>1,000,000.00</u>
Loss of earnings	\$ _____	Other prospective special damages	\$ _____
Special damages for	\$ <u>50,000.00</u>	Prospective general damages.....	\$ <u>5,880,000.00</u>
General damages for	\$ <u>3,600,000.00</u>	Total estimate prospective damages:	\$ <u>6,930,000.00</u>
Total damages incurred to date	\$ <u>3,870,000.00</u>		

Total amount claimed as of date of

presentation of this claim: \$ 10,000,000.00

NOTE: If this claim exceeds \$10,000:

☒ Indicate if greater than \$25,000

☐ Or less than \$25,000

INSURANCE INFORMATION: (must be completed if claim involved a motor vehicle)

- Do you have automobile insurance? Yes ☐ No ☐
- Has claim been filed or will a claim be filed with your insurance company? Yes ☐ No ☐
- Name of your insurance company _____
- Policy number _____
- Insurance company's mailing address and telephone number (include area code) _____

• Amount of deductible _____

- Are you the registered owner? Yes ☐ No ☐

If no, who is? _____

- Make of vehicle _____ Model _____ Year _____

Was damage and/or injury investigated by police? Yes If so, name officer(s) involved

Ventura County Sheriff's Department

Were paramedics or ambulance called? NO If so, name of the company _____

If injured, state date, time, name and address of doctor of your first doctor visit [REDACTED]

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

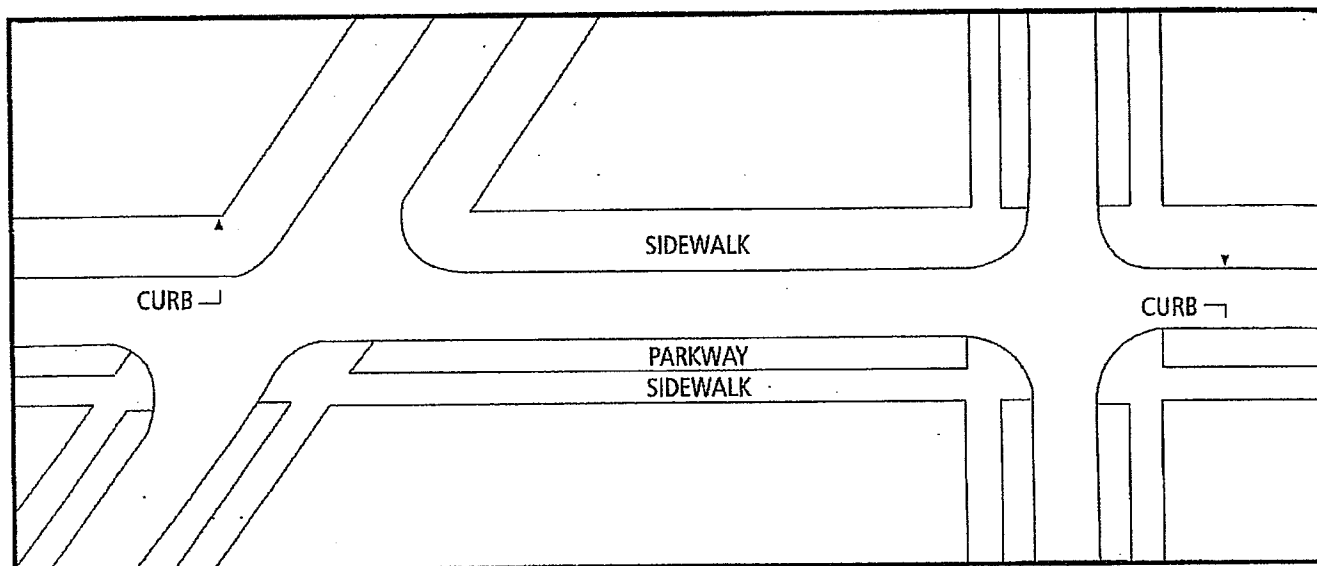
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

DOCTORS or HOSPITALS:

Doctor <u>[REDACTED]</u>	Address <u>[REDACTED]</u>	Date Visited <u>[REDACTED]</u>
Doctor _____	Address _____	Date Visited _____

READ CAREFULLY

For all accident claims, place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and showing house numbers or distances to street corners. If another vehicle was involved, designate by letter "A" location of other vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw other vehicle; location of other vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1," and the point of impact by "X." NOTE: If diagrams below do not fit the situation, attach a proper diagram signed by claimant.



Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:

Laura Cota
attorney, Bamieh + Erickson

Typed or Printed Name:

Laura Cota

Date:

02/01/13

Representative Information (must be completed, if an attorney or authorized representative files the claim)

Name of Attorney/Representative: *Ron Bamieh* Telephone No. (include area code): *805-643-5555*

Mailing Address: *692 East Thompson Blvd, Ventura, CA 93001*

IMPORTANT INFORMATION:

- This claim must be signed by the claimant or his/her authorized representative.
- Claims must be filed with City Clerk (Govt. Code Sec. 915a). Presentation of false claim is a felony (Penal Code Sec. 72).

In compliance with the Americans with Disabilities Act, this document is available in alternate formats by contacting the City Clerk's Office at (805) 658-4787 or through the California Relay Service.

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2
3 **PROOF OF SERVICE**

4 **STATE OF CALIFORNIA, COUNTY OF VENTURA:**

5 I am employed in the County of Ventura, State of California. I am over the age of 18 and not a
6 party to the within action; my business address is 692 E. Thompson Blvd, Ventura, CA 93001.

7 On February 5, 2013, at my place of business, described above, copies of the foregoing
8 document described as:

9 **GOVERNMENT CLAIM FOR DAMAGES, Application for Late filing**

10 was served on all interested parties in this action by placing a true copy thereof enclosed in
11 sealed envelopes addressed as follows:

12 City Clerk
13 501 Poli St, Room 213,
14 Ventura CA 93002

15 () **BY MAIL:** I am "readily familiar" with this firm's practice of collecting and processing
16 correspondence for mailing. It is deposited with the U.S. Postal Service on that same day in the
17 ordinary course of business. I am aware that on motion of party served, service is presumed
18 invalid if the postal cancellation date or postage meter date is more than one day after date of
19 deposit for mailing the affidavit.

20 I caused such envelope(s) with postage thereon fully prepaid to be placed in the United States
21 mail at Ventura, California.

22 () **BY CERTIFIED MAIL:** I personally caused such envelope(s) with postage prepaid,
23 requiring a return receipt to be placed in the United States mail at Ventura, California in
24 accordance with ordinary business practices.

25 (X) **BY PERSONAL SERVICE:** I personally delivered such envelope(s) by hand to the
26 offices of the addressee.

27 () **BY FACSIMILE:** I personally served this document to the facsimile numbers of the
28 addressee.

() **BY FEDERAL EXPRESS:** I personally placed such envelope(s) for collection and
overnight delivery by Federal Express with delivery fees paid or provided for in accordance with
ordinary business practices.

Executed on February 5, 2013, at Ventura, California.

I declare under penalty of perjury under the laws of the state of California that the above is true
and correct.


Amber Castro

Attorneys for JANE K. DOE, by and through her mother and proposed guardian ad litem, JANE L. DOE

IN THE MATTER OF THE CLAIMS OF

APPLICATION FOR LATE FILING

CITY OF VENTURA; VENTURA POLICE
DEPARTEMENT; ESTATE OF OFFICER RICKY
PAINE; and Does 1 Through 50, Inclusive

Pursuant to California Government Code Section 911 et. seq, Jane K. Doe, by and through her mother and proposed guardian ad litem, Jane L. Doe, hereby submits the following application to file the late claim enclosed.

1 **NAME OF CLAIMANT:** Jane K. Doe, by and through her mother and proposed
2 guardian ad litem, Jane L. Doe

3 **ADDRESS INFORMATION:** Send all notices to the Law Offices of Bamieh &
4 Erickson, PLC, 692 E. Thompson Boulevard, Ventura, CA 93001; (805) 643-5555.

5 **REASONS CLAIM WAS NOT FILED WITHIN SIX MONTHS FROM THE**
6 **DATE OF INJURY:**

- 7 • Delayed Discovery
- 8 • Mental Incapacity
- 9 • Minority
- 10 • Mistake, Inadvertence, Surprise, Excusable neglect.

11 DATED: February 1, 2013

BAMIEH & ERICKSON, PLC,

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13
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15
16
17 By

RON BAMIEH
LAURA COTA
Attorneys for Claimant